



# 2018 ASSOCIATE MEMBERSHIP APPLICATION

EXPIRES DECEMBER 31

FOR OFFICE USE ONLY

**\*\*PLEASE NOTE:** Associate members are only eligible to compete and own horses who compete in NRHA Category 10 classes and do not have voting privileges. (Form can be found at [nrha.com](http://nrha.com) or by contacting the NRHA Office).

- New Member\*\*
- Renewal ID# \_\_\_\_\_  
(if you have ever been an NRHA member)
- Please mail current *NRHA Handbook*
- Please mail current NRHA Pattern Book
- Please do not submit my name to Corporate Partners

### MEMBERSHIP\*\*

- \$25 Associate Membership Dues

### REINING HORSE FOUNDATION

- YES, I want to invest in the future of Reining!  
Please find enclosed my donation in the amount of:
- \$25
- \$50
- \$100
- Other \_\_\_\_\_

### NRHA REINER MAGAZINE for members (please choose one)

- \$25 U.S. 3<sup>rd</sup> Class Postage
- \$55 Upgrade to U.S. 1<sup>st</sup> Class Postage
- \$50 Canada Postage
- \$85 International Postage

Free Digital *Reiner* available at [nrha.com](http://nrha.com)

### RUSH SERVICES AND MEMBERSHIP CONFIRMATION

NRHA membership cards are mailed within two weeks of the date received by the office. NRHA offers rush services which include an official confirmation being emailed or faxed to be used until the original membership card is received by mail.

To request a RUSH, please check one box below and provide email or fax number where confirmation should be sent. If you would like an official confirmation, please select the corresponding box below.

- 3 Day Rush - \$30  
Send to: \_\_\_\_\_
- Same Day Rush - \$50  
Send to: \_\_\_\_\_
- Official Confirmation - \$25  
Send to: \_\_\_\_\_

### PLEASE PRINT OR TYPE CLEARLY

Last Name (Surname) \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Citizenship \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Evening Telephone \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Email address \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

**PAYMENT\***  Check or money order (in U.S. funds)  Visa  MasterCard  Discover  American Express

Card #     -     -     -

Expiration Date:   /   3 or 4 digit CSV #:     Cardholder's Phone: \_\_\_\_\_

Cardholder Name (please print) \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Please remit to: NRHA; 3021 W. Reno Avenue, Oklahoma City, Oklahoma 73107

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Date Received: \_\_\_\_\_

Invoice: \_\_\_\_\_